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		CLAIMS	ONLY		Application	Number	Fil	ng Date	•
. *		CLAINS	ONLI		Applicant(s)	10/72	950/		
						•			•
•	CLAIMS	AS FILED	AFTER FIRST AMENDMENT		* May be us	ed for additiona	al claims or am	endments	•
		Indep Depend	AMENDMENT Indep Dependent	AFTER SECOND AMENDMENT Indep Depend		Indep Der	pend Indep	Depend	Indep Depend
	1 2		1/		51 52				TIMED DEPOSIT
	3		1 1		53 54				7 1
	6 .				55 56				
	7 8		1 7		57 58			1	
	10				59 60				
	3 11 12				61 62				
	13		1,11		63 64				
	15 16				65 66				
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	24 25		1 1		73 74				
	26 27				75 76				
	28 29		1 1		77 78				
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	32 33		1		82 83				
	34		17		84 85				
	36 37		1		86· 87 .				
	38 39		7		88				
	40				90				
	42				92 93				
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	46				96 97				
	48				98				
	50 Total		4		100 Total			- 1	
•	Indep Total		344		Indep Total			IJ ト	
•	Depend Total	<u> </u>	38		Depend Total				-
	Claims	<u></u>	130	 	Claims				<u>L</u>
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